

Information submitted via Top Hat Plan Statement Online Filing System to U. S.
Department of Labor under 29 CFR 2520.104-23

Date Completed: 4/13/2020 5:08 PM EST

Confirmation Number: 6478

Amended Confirmation Number:

Employer Information

Name: Frequency Electronics, Inc.
Address: 55 Charles Lindbergh Blvd
City: Mitchel Field
State: NY
Zip Code: 11553

Plan Administrator Information

Name: Compensation Committee of the Board of Directors of Frequency Electronics, Inc.
Address: 55 Charles Lindbergh Blvd
City: Mitchel Field
State: NY
Zip Code: 11553
Phone: 5167944500
Email: steven.bernstein@freqelec.com

Plan Information

Employer maintains the plan or plans below primarily for the purpose of providing deferred compensation for a select group of management or highly compensated employees.

ID:1	Plan Name:	Number of Employees: 1
ID:2	Plan Name:	Number of Employees: 1
ID:3	Plan Name:	Number of Employees: 1
ID:4	Plan Name:	Number of Employees: 1
ID:5	Plan Name:	Number of Employees: 1
ID:6	Plan Name:	Number of Employees: 1
ID:7	Plan Name:	Number of Employees: 1
ID:8	Plan Name:	Number of Employees: 1
ID:9	Plan Name:	Number of Employees: 1
ID:10	Plan Name:	Number of Employees: 1
ID:11	Plan Name:	Number of Employees: 1
ID:12	Plan Name:	Number of Employees: 1
ID:13	Plan Name:	Number of Employees: 1
ID:14	Plan Name:	Number of Employees: 1
ID:15	Plan Name:	Number of Employees: 1
ID:16	Plan Name:	Number of Employees: 1
ID:17	Plan Name:	Number of Employees: 1
ID:18	Plan Name:	Number of Employees: 1
ID:19	Plan Name:	Number of Employees: 1
ID:20	Plan Name:	Number of

ID:21	Plan Name:	Employees: 1 Number of Employees: 1
ID:22	Plan Name:	Number of Employees: 1
ID:23	Plan Name:	Number of Employees: 1
ID:24	Plan Name:	Number of Employees: 1
ID:25	Plan Name:	Number of Employees: 1
ID:26	Plan Name:	Number of Employees: 1
ID:27	Plan Name:	Number of Employees: 1
ID:28	Plan Name:	Number of Employees: 1
ID:29	Plan Name:	Number of Employees: 1
ID:30	Plan Name:	Number of Employees: 1
ID:31	Plan Name:	Number of Employees: 1
ID:32	Plan Name:	Number of Employees: 1
ID:33	Plan Name:	Number of Employees: 1
ID:34	Plan Name:	Number of Employees: 1
ID:35	Plan Name:	Number of Employees: 1
ID:36	Plan Name:	Number of Employees: 1
ID:37	Plan Name:	Number of Employees: 1
ID:38	Plan Name:	Number of Employees: 1
ID:39	Plan Name:	Number of Employees: 1
ID:40	Plan Name:	Number of Employees: 1
ID:41	Plan Name:	Number of Employees: 1

Additional Information:



U. S. Department of Labor
Employee Benefits Security Administration
Washington, DC 20210

This message confirms that the Department of Labor's (DOL's) Employee Benefits Security Administration (EBSA) has received the filing of your Top Hat Plan Statement. The confirmation code for your filing is 6478. When correcting errors to your filing, please use this code in your amended statement. This communication does not mean that DOL has made a determination that you are eligible to file under DOL regulation 29 CFR 2520.104-23.